

**PIP Benchmark: 1A.5 Reinforce agency philosophy to focus on strengths to guide engagement, service provision and on-going work with families.**

**PIP item 1A.5.6 Develop strategies and tools for supervisors to use with their staff based on regional practices.**

This item is quarter 3 and ongoing. We have selected two items to highlight during the third quarter. The first item being highlighted is the "Did you Know" and the second item is the independent living staff handbook.

The Coordinating Services for Children Workgroup has been working on ways to reinforce our agency's philosophy, policies and procedures, and mandates to insure best practice. We will be sponsoring a weekly reminder called "Did you know". This reminder will be sent to all TWIST USERS ( front-line staff and supervisors) it will contain information from all aspects of the agency's practices. All of the Central Office Workgroups will be submitting these to our group and we will be sending them to the field.

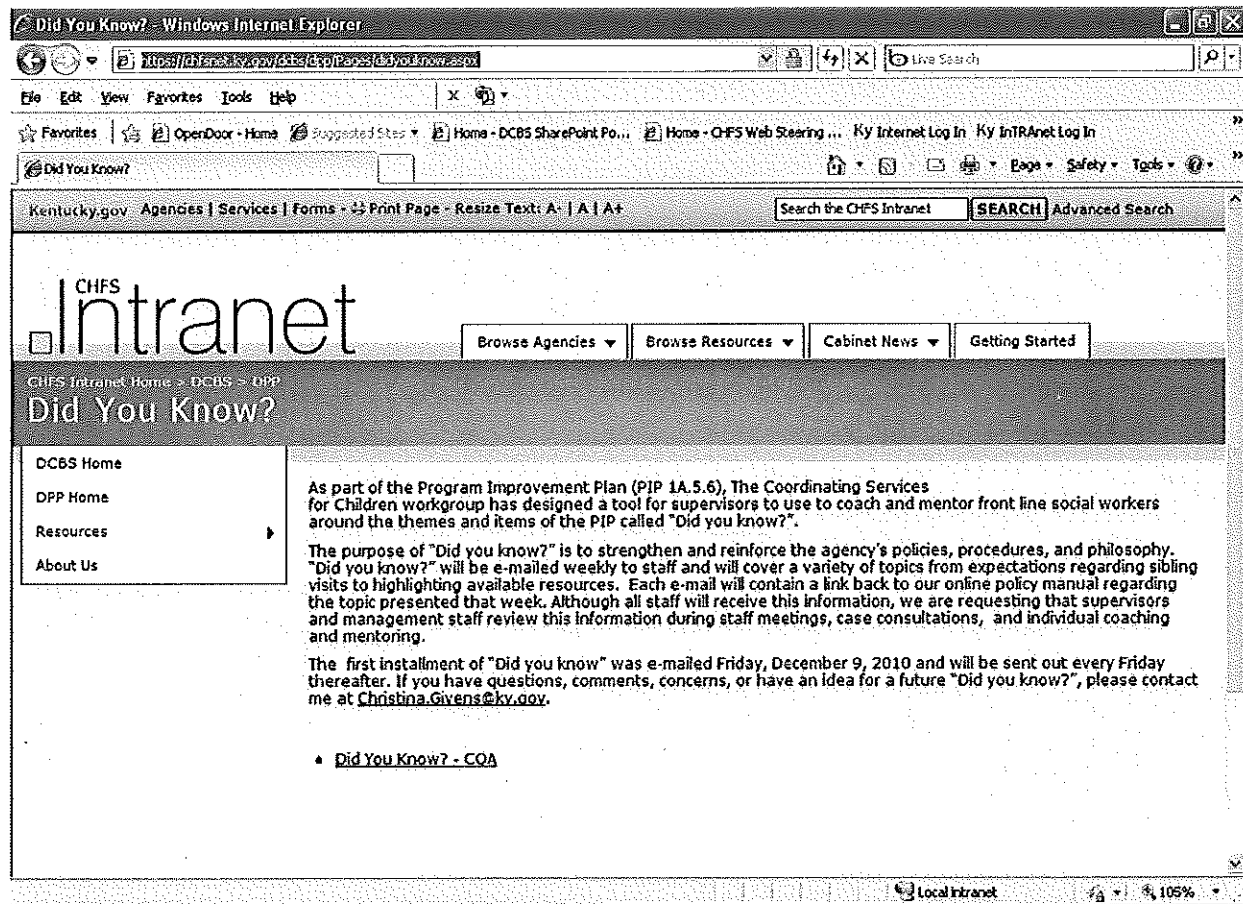
Each reminder will contain three informative bullet points and a link to our new policy manual (when it is available) to the section that covers that topic. It will also be stored in the CHFS website under resources. It will introduce some of the PIP policy changes to the front line staff. Other topics will be selected based on things identified in the third level CQI review, areas of concern identified during the roundtables, and trends identified through interaction with the field Staff.

We have requested that the front line supervisors use these as tools to help guide staff in their practice.

We asked that they highlight the information in their staff meetings. The first copy of "Did you know" addresses prevention planning and is linked to Lisa Durbin and the Safety Branch. Attached is a copy of the web-site and the first "Did you know".

The second Item is the Independent living staff handbook. This handbook was created by Jennie Willson and the OOHC branch to assist Independent living coordinators and their Protection and Permanency supervisor's, with understanding the expectations of the Chafee Independence living program. This handbook was designed to assist all staff by insuring that the ILC is meeting state and federal expectations related to designated ILC duties. The handbook includes information such as staff development as suggested evaluation performance goals, a revised job description, instructions and examples for completing ILC task. The handbook also includes several tools that the ILC can use to assist front-line staff and their supervisor as they work with youth. These tools include a power point presentation that is a summary of information pertaining to working with the youth population and a summary of educational and financial resources for committed and non-committed youth. During November and December of this year, Jennie Willson and other Out of Home Care Branch members have presented the handbooks in eleven areas of the state. Attached is copy of the power point and the financial chart.

Please visit the Intranet Did You Know web page at  
<https://chfsnet.ky.gov/dCBS/dpp/Pages/didyounow.aspx>



Action Step 1A.5.6 Part 2  
KY 3<sup>rd</sup> QR report  
December 31, 2010

# Did You Know?

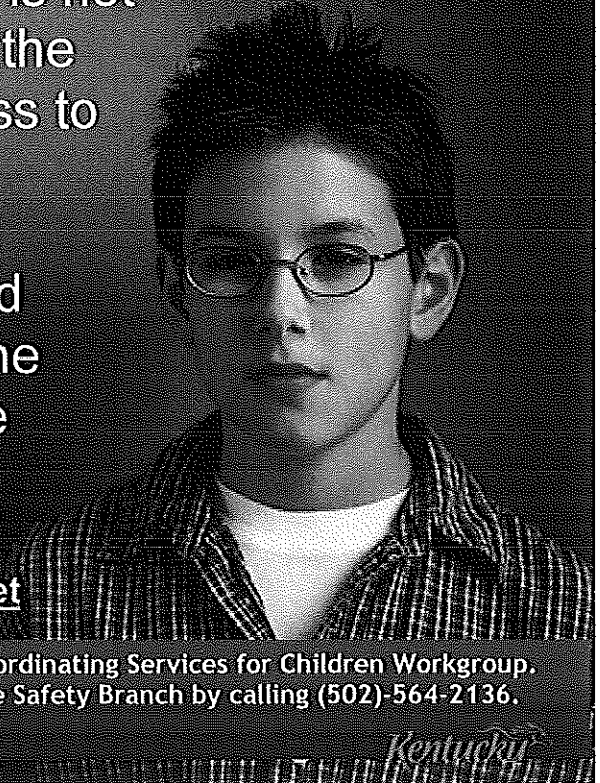
It is important to include in the CQA the contents of any Prevention Plan or Aftercare Plan completed with the family.

Referring to the hard copy of these plans placed in the file is not sufficient, as others reading the CQA often do not have access to the case file.

The Prevention Plan is a road map to the development of the case plan completed with the family.

## CPS Investigative-FINSA CQA Tip Sheet

"Did You Know?" is brought to you weekly from the Coordinating Services for Children Workgroup. If you would like more information, please contact the Safety Branch by calling (502)-564-2136.





## Chafee Independence Program

Cabinet for Health and Family Services  
Department for Community Based Services  
Division of Protection and Permanency  
Out of Home Care Branch



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## Chafee Independence Program

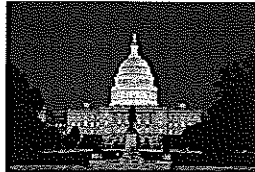
### Objectives

- ▶ Identify clients eligible for Chafee Independence Program (CIP) services
- ▶ Describe services available
- ▶ Describe role of service providers
- ▶ Regional Independent Living Coordinators (ILC)
- ▶ Private Child Care providers (PCC)

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## Chafee Independence Program

### Foster Care Independence Act of 1999



- ▶ Doubled IL funding nationwide (KY receives \$2.5 million)
- ▶ Lower age limit removed (KY serves 12-21 yrs)
- ▶ Allows services to youth 18-21 who left care at 18
- ▶ Funding for room and board for aged out youth
- ▶ Requires foster/adoptive parents training
- ▶ Requires youth to be involved in case planning
- ▶ Requires youth to assume responsibility for self
- ▶ Allows states to extend Medicaid for youth to age 21

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## Chafee Independence Program

### What is the Chafee Independence Program?



A program designed to teach teens in out of home care the skills that will enable them to become independent once they are released from the care of the Cabinet for Health and Family Services.

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## Chafee Independence Program

### Who Qualifies for the Services?

Youth currently committed to the Cabinet for Health and Family Services (CHFS) or Department of Juvenile Justice (DJJ) ages 16-21.

Youth who have aged out of care on or after their 18<sup>th</sup> birthday up to their 23<sup>rd</sup> birthday\*.

\*DJJ youth may not be eligible for all services.



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## Chafee Independence Program

### Referrals

Referrals for services can come from...

- Social Workers
- Youth
- Regional Independent Living Coordinators (ILC)
- Private child care providers (PCC)
- Foster parents
- Homeless Shelters
- Community



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## **Chafee Independence Program**

### **Federal Independent Living Services**

- ▶ "Blue Folders" youth age 12-15 years receive "soft skills" training in the foster home provided by the foster parents
- ▶ Youth 16 yrs of age receives formal Life Skill classes with the regional ILC or the PCC
- ▶ Education Training Voucher (ETV) for aged out youth 18 up to 23\*
- ▶ Room and Board program with PCCs for aged out youth 18-21 who cannot return home

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## **Chafee Independence Program**

### **Life Skills Curriculum**

#### **6 Core Competencies:**

Employment Skills  
Money Management & Consumer Skills  
Housing  
Community Resources  
Education  
Health/Healthy Relationships

•Classes take place in weekly group sessions or in one on one training

•Classes may take place after school or work hours

•Youth receive a \$250 stipend for completing all 6 competencies of the curriculum

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## Chafee Independence Program

### ► Transition Plan



ILC and social worker must meet with youth 45 days prior to youth 17<sup>th</sup> birthday  
Youth 17 and up must complete a Transition plan  
Plan must be completed every six months after 17<sup>th</sup> birthday and prior to leaving care.

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## New Addition to Health Curriculum

- Kentucky Living Will Directive
- Health Care Surrogate Designation

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## KY Living Will Directive

- ▶ A Living Will gives you a voice in decisions about your medical care when you are unconscious or too ill to communicate. As long as you are able to express your own decisions, your Living Will will not be used and you can accept or refuse any medical treatment. But if you become seriously ill, you may lose the ability to participate in decisions about your own treatment.
- ▶ You have the right to make decisions about your health care. No health care may be given to you over your objection, and necessary health care may not be stopped or withheld if you object.
- ▶ The KY Living Will Directive Act of 1994 was passed to ensure that citizens have the right to make decisions regarding their own medical care, including the right to accept or refuse treatment. This right to decide – to say yes or not to proposed treatment—applies to treatments that extend life, like a breathing machine or a feeding tube.
- ▶ In KY a Living Will allows you to leave instructions in four critical areas. You can:
  - Designate a Health Care Surrogate
  - Refuse or request life prolonging treatment
  - Refuse or request artificial feeding or hydration (tube feeding)
  - Express your wishes regarding organ donation
- ▶ Everyone 18 or older can have a Living Will. The effectiveness of a Living Will is suspended during pregnancy.
- ▶ It is not necessary that you have an attorney draw up your Living Will. Kentucky law (KRS 311.625) actually specifies the form you should fill out. You probably should see an attorney if you make changes to the Living Will form. The law also prohibits relatives, heirs, health care providers or guardians from witnessing the Will. You may wish to use a Notary Public in lieu of a witness.

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## KY Living Will Cont.

- ▶ The Living Will form includes two sections. The first section is the Health Care Surrogate Section which allows you to designate one or more persons, such as a family member or close friend, to make health care decisions for you if you lose the ability to decide for yourself. The second section is the Living Will section in which you may make your wishes known regarding life-prolonging treatment so your Health Care Surrogate or Doctor will know what you want them to do. You can also decide whether to donate any of your organs in the event of your death.
- ▶ When choosing a surrogate, remember that the person you name will have the power to make important treatment decisions, even if other people close to you might urge a different decision. Choose the person best qualified to be your health care surrogate. Also, consider picking a back-up person, in case your first choice isn't available when needed. Be sure to tell the person that you have named them a surrogate and make sure that the person understands what's most important to you. Your wishes should be laid out specifically in the Living Will.
- ▶ If you decide to make a Living Will, be sure to talk about it with your family and your doctor. The conversation is just as important as the document.
- ▶ A copy of any Living Will should be put in your medical records. Each time you are admitted for an overnight stay in a hospital or nursing home, you will be asked whether you have a Living Will. You are responsible for telling your hospital or nursing home that you have a Living Will.
- ▶ If there is anything you don't understand regarding the form, you might want to discuss it with an attorney. You can also ask your doctor to explain the medical issues. When completing the form, you may complete all of the form or only the parts you want to use. You are not required by law to use these forms. Different forms, written the way you want, may also be used. You should consult with an attorney for advice on drafting your own forms.
- ▶ You are not required to make a Living Will to receive healthcare or for any other reason. The decision to make a Living Will must be your own personal decision and should only be made after serious consideration. For a copy of this information visit the Attorney General's website at [www.ag.ky.gov/livingwill](http://www.ag.ky.gov/livingwill)

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## Completing the KY Living Will Form

- ▶ The Living Will form should be used to let your physician and your family know what kind of life-sustaining treatments you want to receive if you become terminally ill or permanently unconscious and are unable to make your own decisions. This form should also be used if you would like to designate someone to make those healthcare decisions for you should you become unable to express your wishes.
- ▶ 1. Read over all information carefully before filling out any part of the form.
- ▶ 2. At the top of the form in the designated area, print your full name and birth date.
- ▶ 3. The first section of the form on page one relates to designating a "Health Care Surrogate." Fill this section out if you would like to choose someone to make your healthcare decisions for you should you become unable to do so yourself. Do not complete this section if you do not wish to name a surrogate.
- ▶ 4. The next section of the form is the "Living Will Directive." Fill out this section to identify what kinds of life-sustaining treatments you want to receive should you become terminally ill or permanently unconscious.
  - Life Prolonging Treatment- under this bolded section on page one you may designate whether or not you wish to receive treatment (such as a life support machine), and be permitted to die naturally, with only the administration of medication or treatment deemed necessary to alleviate pain. If you do not want treatment, except for pain, and would like to die naturally, check and initial the first line. If you want life-sustaining treatment, check and initial the second line. Check and initial only one line.
  - Nourishment and/or Fluids – Under this bolded section on page two, you may designate whether or not you wish to receive artificially provided food, water, or other artificially provided nourishment or fluids (such as a feeding tube). If you do not want to receive artificial nourishment and/or fluids, check and initial the first box. If you want to receive nourishment and/or fluids, check and initial the second line. Check and initial only one line.
  - Surrogate Determination of Best Interest – Important: This section cannot be completed if you have completed the two previous sections. Under this bolded section on page two, if you have designated a person as your surrogate in the first section, you may allow that person to make decisions for you regarding life-sustaining treatments and/or nourishments. Check and initial ONLY if you wish to allow your surrogate to make decisions for you and if you do not want to detail specific life-sustaining wishes on this form.

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## Completing the KY Living Will Form

- Organ/Tissue Donation – Under this bolded text on page two, you may designate whether or not to donate all or any part of your body upon your death. If you wish to donate all or part of your body, check and initial the first line. If you do not wish to donate all or part of your body, check and initial the second line. Check and initial only one line.
- ▶ 5. On page three, you will sign and date the form. Sign and date the form in the presence of two witnesses over the age of 18 OR in the presence of a Notary Public.
  - The following people CANNOT be a witness to or serve as a notary public:
    - (a) A blood relative of yours;
    - (b) A person who is going to inherit your property under KY law;
    - (c) An employee of a health care facility in which you are a patient (unless the employee serves as a notary public).
    - (d) Your attending physician; or
    - (e) Any person directly financially responsible for your health care.
- ▶ 6. Once you have filled out the Living Will and either signed it in the presence of witnesses or in the presence of a notary public, give a copy to your personal physician and any contacts you have listed in the Living Will. A copy of any Living Will should be put in your medical records. Remember, you are responsible for telling your hospital or nursing home that you have a Living Will. Do not send your Living Will to the Office of the Attorney General.

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# KY Living Will Directive & Health Care Surrogate Designation

## Kentucky Living Will Directive and Health Care Surrogate Designation of

(PRINTED NAME)

(DATE OF BIRTH)

My wishes regarding life-prolonging treatment and artificially provided nutrition and hydration to be provided to me if I no longer have decisional capacity, have a terminal condition, or become permanently unconscious have been indicated by checking and initialing the appropriate lines below.

### Health Care Surrogate Designation

By checking and initialing the line below, I specifically:

\_\_\_\_\_ (check box and initial line, if you desire to name a surrogate)

Designate \_\_\_\_\_ as my health care surrogate(s) to make health care decisions for me in accordance with this directive when I no longer have decisional capacity. If \_\_\_\_\_ refuses or is not able to act for me, I designate \_\_\_\_\_ as my health care surrogate(s).

Any prior designation is revoked.

### Living Will Directive

If I do not designate a surrogate, the following are my directions to my attending physician. If I have designated a surrogate, my surrogate shall comply with my wishes as indicated below. By checking and initialing the lines below, I specifically:

#### Life Prolonging Treatment (check and initial only one)

\_\_\_\_\_ (check box and initial line, if you desire the option below) Direct that treatment be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical treatment deemed necessary to alleviate pain.

\_\_\_\_\_ (check box and initial line, if you desire the option below) DO NOT authorize that life-prolonging treatment be withheld or withdrawn.

#### Nourishment and/or Fluids (check and initial only one)

\_\_\_\_\_ (check box and initial line, if you desire the option below) Authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids. 15

# KY Living Will Directive

## Living Will Directive — Continued

\_\_\_\_\_ (check box and initial line, if you desire the option below) DO NOT authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

### Surrogate Determination of Best Interest

**NOTE: If you desire this option, DO NOT choose any of the preceding options regarding Life Prolonging**

### Treatment and Nourishment and/or Fluids

\_\_\_\_\_ (check box and initial line, if you desire the option below) Authorize my surrogate, as designated on the previous page, to withhold or withdraw artificially provided nourishment or fluids, or other treatment if the surrogate determines that withholding or withdrawing is in my best interest; but I do not mandate that withholding or withdrawing.

### Organ/Tissue/Eye Donation

I certify that I am eighteen (18) years of age or older and of sound mind, and that upon my death, I hereby give:

Check appropriate boxes and initial the line beside that box:

\_\_\_\_\_ Any needed organs, tissues, and eye/corneas

or

The following organs or tissues only (check and initial all that apply):

\_\_\_\_\_ All needed organs

\_\_\_\_\_ All needed tissues

\_\_\_\_\_ Corneas

\_\_\_\_\_ Eyes

\_\_\_\_\_ Other

or

\_\_\_\_\_ Only the specified organs/tissues as listed:

\_\_\_\_\_

Organs that can be donated: heart, lungs, liver, pancreas, kidneys, and small bowel.  
Tissues that can currently be donated: skin (outermost layer from lower trunk and abdomen), bone, heart valves, leg veins, pericardium, vertebral bodies.

Eye donation can be the corneas (outer most layer), the sclera (shell), or the entire eye.

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## KY Living Will

In the absence of my ability to give directions regarding the use of life-prolonging treatment and artificially provided nutrition and hydration, it is my intention that this directive shall be honored by my attending physician, my family, and any surrogate designated pursuant to this directive as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of the refusal.

If I have been diagnosed as pregnant and that diagnosis is known to my attending physician, this directive shall have no force or effect during the course of my pregnancy.

I understand the full import of this directive and I am emotionally and mentally competent to make this directive.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature and address of the grantor.

Have two Adults witness your signature OR have signature notarized

In our joint presence, the grantor, who is of sound mind and eighteen (18) years of age, or older, voluntarily dated and signed this writing or directed it to be dated and signed for the grantor.

Signature and address of witness

Signature and address of witness

-OR-

State of Kentucky, \_\_\_\_\_ County

Before me, the undersigned authority, came the grantor who is of sound mind and eighteen (18) years of age, or older, and acknowledged that he voluntarily dated and signed this writing or directed it to be signed and dated as above.

Done this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public

Date commission expires 17

## Chafee Independence Program

### State Funded Independent Living Services

- ▶ Placement in an Independent Living Apartment Program, through a PCC
  - Participants are usually 18 years and older; demonstrates the ability to reside in an apartment setting, with supervision from the PCC; attends an educational program full time and maintains a 2.0 GPA or better; and is employed full or part-time
- ▶ Extended Commitment
  - There is a 6 month grace period to recommit after aging out at 18
  - Youth may extend their commitment with the CHFS until age 21 for educational purposes only
  - Youth and worker complete an "Extension of Commitment" agreement that is entered in court record and is a contract between the youth and social worker
  - Youth keeps medical and educational assistance if they maintain a 2.0 GPA or better
    - ▶ If youth has two consecutive semesters with a GPA lower than 2.0 commitment may be dropped

## **Chafee Independence Program**

### **State Funded Independent Living Services Cont.**

- ▶ Tuition Assistance
  - For youth currently in care up to the age of 21; must be a full or part-time student; be at least part-time employed; maintain a 2.0 GPA or better (two consecutive semesters below 2.0 GPA commitment may be dropped); must maintain contact with social worker and ILC; is eligible for use at KY Community/Technical colleges or 4 year universities.
- ▶ Tuition Waiver
  - For committed or aged out DCBS, DJJ youth\*, and youth who were adopted at any age from CHFS (\*DJJ youth may qualify. This is determined by DJJ administration.)
  - Waives Tuition for undergraduate work only
  - Only available for KY Public Institutions
  - Eligible for up to 4 years after date of H.S. Graduation or the date which youth should have graduated
  - Good for 5 years from the first date tuition waiver was applied

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## **Chafee Independence Program**

### **Education Training Voucher Program**

- ▶ Federally funded through Chafee Independence Program
- ▶ Assists youth with any expenses directly related to a post secondary education or job training program. Youth must show financial need and submit a FAFSA to receive services.
- ▶ Up to \$5,000 per youth per year
- ▶ Available to youth who aged out of CHFS custody on or after their 18<sup>th</sup> birthday or who were adopted from CHFS on or after their 16<sup>th</sup> birthday
- ▶ May be eligible up to their 23<sup>rd</sup> birthday if they are taking advantage of the ETV on or before their 21<sup>st</sup> birthday and in good academic standing (2.0 GPA or higher)
- ▶ Extended youth who will age out of care must apply for ETV one month prior to their 21<sup>st</sup> birthday
- ▶ DJJ youth do not qualify
- ▶ Undergraduate or graduate study/job training

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## **Chafee Independence Program**

### **Supports for Community Living**

- ▶ KY Medicaid waiver for Individuals 18 & over with an IQ of 70 or below
- ▶ For Individuals who are still committed to CHFS they can not receive services until the age of 20 ½ years old. If they are still in CHFS care at 20 ½ years old they will automatically receive a SCL slot.

SCL offers many services including but not limited to:

- ▶ Residential Services
- ▶ Behavioral Services
- ▶ Day Programming
- ▶ Case Management
- ▶ Therapies
- ▶ Supported Employment
- ▶ There is a very long waiting list for SCL, Individuals should be placed on the list as soon as IQ is obtained even at a young age such as 5 or 6.
- ▶ Social Workers should check on the status of the applications every year. Once the application is scheduled for a review an updated Psychological Evaluation may be needed.
- ▶ For Questions Contact: Dawn Samples CHFS DCBS DPP Phone: (502) 564-2147 x. 4449  
dawn.samples@ky.gov

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## **Chafee Independence Program**

### **Guardianship**

- ▶ State guardianship is not considered until 21 due to lack of funding and placement options available to state guardianship.
- ▶ Guardianship should be applied for by the ongoing worker 3-6 months prior to the individual turning 21. This depends on the amount of time the guardianship process takes in each particular county of residence.
- ▶ State guardianship should always be the last option. Family, friends, foster parents should be talked to about guardianship first. They would file the application themselves in the county of residence.

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## **Chafee Independence Program**

### **General Adult Services**

- ▶ General adult services provide adults an enhanced opportunity to attain or maintain a level self-sufficiency and autonomy in the community. These preventive services are strictly voluntary and an adult retains the right to refuse the interview, assessment and any services the Cabinet may offer. General Adult Services may be requested by the adult, or at the direction of the adult, who is in need of services.
- ▶ If the SSW and the adult (eighteen (18) years of age or older) agree, the SSW accepts a report for services when the adult is transitioning from out-of-home care and released from commitment within the past twelve (12) months.

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## **Chafee Independence Program**

### **Roles of CIP Providers**

- ▶ **Regional Independent Living Coordinators**
  - Participate in case planning conferences
  - Teach Life Skills classes
  - May assist with college/tuition assistance applications
  - After care planning
  - Referrals to room and board providers, community resources
- ▶ **Private Child Care Agencies**
  - Teach Life Skills classes
  - May assist with college/tuition assistance applications
  - After care planning
  - Referrals to room and board providers, community resources

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## Chafee Mentor Program

- ▶ An adult who is a positive role model, and provides a youth with support, guidance, and encouragement, is a mentor.
- ▶ Mentors assist committed youth ages 16 and older with daily living skills such as home management and problem solving skills. They share ideas and experiences.
- ▶ Mentors help youth with career exploration, job shadowing and educational planning.
- ▶ Mentors help youth develop self-confidence as they share the ups and downs in life. They help youth build upon their individual strengths and
- ▶ accomplish personal goals. They teach the youth to become more responsible.
- ▶ Foster youth transitioning from care are often unsure about who they can count on for ongoing support. Many of their relationships with adults have been based on professional connections which will terminate once the transition from care is complete.
- ▶ The mentoring program facilitated through Murray State University helps build a structured and trusting relationship that brings youth together with caring individuals who offer lasting guidance and support to develop strong, capable youth ready to transition into adulthood on their own.

▶ Murray State University Mentor Program  
Lauren Carson  
**Toll Free: 1-877-994-9970**  
[lauren.carson@murraystate.edu](mailto:lauren.carson@murraystate.edu)

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## Chafee Youth Leadership Council

- ▶ Eligibility Requirements:
  - Former or current foster youth ages 16-23
  - Can commit to a year on the council
  - One council member from each ILC Region of Service
  - Tasks include:
    - ▶ Recruiting mentors
    - ▶ Input on Chafee Services
    - ▶ Input on updating of services
    - ▶ Planning and assisting with Regional Conferences

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## Chafee Regional Conferences

- ▶ Held once a year in each ILC Service Region
- ▶ Eligibility:
  - Committed or non-committed youth 16-21
- ▶ Conferences include:
  - Series of workshops and meetings which assist with the transition of youth



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## National Youth in Transition Database

### ▶ What is NYTD?

In 1999, Congress established the John H. Chafee Foster Care Independence Program (CFCIP). This program gives States flexible funding to assist youth in transitioning out of foster care. The law also requires the Administration for Children and Families (ACF) to develop a data collection system to track the independent living services provided to youth and to develop outcomes that measure states' success in preparing youth for their transition from foster care to independent living. To meet this requirement, the National Youth in Transition Database, or NYTD, was created.

- ▶ When NYTD is implemented, States will be asked to report the Independent Living services provided to all youth in thirteen broad categories:

- |  |  |
|--|--|
| ▶ • Independent Living needs assessment        | • Supervised Independent Living                  |
| ▶ • Career Preparation                         | • Mentoring                                      |
| ▶ • Education financial assistance             | • Health education and risk prevention           |
| ▶ • Academic support                           | • Post-Secondary educational support             |
| ▶ • Employment programs or vocational training | • Housing education and home management training |
| ▶ • Budget and financial management            | • Family support and healthy marriage education  |
| ▶ • Room and board financial assistance        |  |

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## NYTD Youth Survey

► **States will be expected to survey certain youth at ages 17, 19, and 21 about the following outcomes:**

- Increase youth financial self sufficiency
- Improve youth educational attainment
- Increase youth connections with adults
- Reduce homelessness among youth
- Reduce high-risk behavior among youth
- Improve youth access to health insurance

► **What happens if States don't collect the data?**

States are required to get at least 80% of youth in foster care and at least 60% of youth who have left care to participate in the youth outcomes survey. If States do not comply with (or meet) the data standards, they can be penalized between one and five percent of their annual Chafee Foster Care Independence Program allotment.

► **Why should you be involved?**

This is your chance to make sure that Independent Living services and outcomes for youth in your state are counted. Your involvement in NYTD will encourage your peers to participate, positively impact your own life, and, ultimately, improve services for younger youth in your state. We know that the outcomes of many youth who leave care are not always that positive. By participating and being active with NYTD, you can help change those outcomes. Get involved with NYTD and complete the survey when asked!

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## Chafee Independence Program

### Regional Independent Living Coordinators

Cumberland	Charlene Hecht	606-787-8369
Cumberland / Eastern Mtn.	Elspeth Cobb	606-528-4234
Eastern Mtn. / Northeastern	Dee Dee Fish-Turner	606-920-2032 ext. 104
Jefferson	Kenny Ingram	502-595-4504 ext. 5143
Jefferson	Geneva Drane	502-595-4504
Northeastern	Darlene Perkins	606-783-8561 ext. 2334
Northern Bluegrass	Ron Gladden	859-292-6340 ext. 402
Salt River Trail	Joe Noland	270-766-5099 ext. 338
Southern Bluegrass – Harrodsburg	Anne Westerfield	859-734-5448
Southern Bluegrass – Fayette	Chorya Sloan Morton	859-246-2266
The Lakes	Ron Campbell	270-247-2979
Two Rivers – Bowling Green	Sheila Butler	270-746-7447
Two Rivers – Owensboro	Mike Shelton	270-687-7491 ext. 2077

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## Chafee Independence Program

### Kentucky Housing Corporation Room and Board Program

Kentucky Housing Corporation can provide housing assistance for up to 6 months for homeless youth who have aged out of foster care at 18 but are not over age 21.

KHC will assist participants with finding a suitable home, provide a home inspection, assist with leasing paperwork, security deposits, utility deposits, and may also be able to provide household start up funds.

If you are interested in the Chafee Room and Board Program through Kentucky Housing Corporation and want to see if you qualify please contact:

**Your local Independent Living Coordinator**

or

**Kentucky Housing Corporation Representative**

Kelli Reynolds

Self-Sufficiency Manager

kreynolds@kyhousing.org

1231 Louisville Road

Frankfort, KY 40601-6191

(502) 564-7630 ext. 376

(502) 564-9963 (fax)

(800) 633-8896 (toll free in KY)

www.kyhousing.org

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## Chafee Independence Program

- Questions or requests for information about the Chafee Independence Program the tuition assistance, tuition waiver or education/training voucher programs should be directed to your regional Independent Living Coordinator

or

Central Office

275 East Main Street, Mail Stop 3E-D

Frankfort, KY 40621

(502) 564-2147 EXT 4497

(502) 564-5995

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**Educational & Financial Resources  
For Committed Youth**

**Tuition**  
**Assistance**  
DCBS youth  
18-21  
Pays for educational expenses at a post secondary educational program not covered by financial aid such as Pell & CAP Grants, KEES, scholarships, etc  
Maintain min. 2.0 GPA  
Form  
OOHC-103 completed by worker & approved by SRA

**Tuition Waiver**  
DCBS & DJJ youth 18-21  
Waives cost of tuition to any KY public post secondary educational program (NOT PRIVATE SCHOOLS)  
Eligibility:  
Starts waiver no more than 4 years from the date of high school graduation and has 5 years from dated of first entry into school  
Maintain min. 2.0 GPA  
Form DPP-333 completed by youth & submitted to school's bursar, business or financial aid office

**Educational & Financial Resource  
For Non-Committed Youth**

**Education Training Voucher**  
Youth left care on or after 18  
Or  
Adopted on or after 16  
\$5,000 yearly maximum  
Youth completes ETV form and submits to Central Office in Frankfort  
Maintain min. 2.0 GPA & youth must submit monthly verification to Frankfort  
If in good academic standing at 21, can continue until age 23

**Tuition Waiver**  
Youth left care on or after 18 or adopted from state foster care  
Waives cost of tuition to any KY public post secondary educational program (NOT PRIVATE SCHOOLS)  
Eligibility:  
Starts waiver no more than 4 years from the date of high school graduation and has 5 years from dated of first entry into school  
Maintain min. 2.0 GPA

**Chafee Room & Board Program**  
DCBS or DJJ youth 18-21 that left care on or after 18<sup>th</sup> birthday  
Enrolled in an educational program & working part-time  
Rental assistance, household start up fund, security deposits, utility deposits  
Form DPP-333 completed by youth & submitted to school's bursar, business or financial aid office